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BIBDATASHEET**CONFIRMATION NO. 4453**

Bib Data Sheet

SERIAL NUMBER 09/584,099	FILING DATE 05/31/2000 RULE	CLASS 705	GROUP ART UNIT 3628	ATTORNEY DOCKET NO. 04480002CA
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APPLICANTS

Nino Richard Vaghi, Bethesda, MD;

**** CONTINUING DATA *******

This application is a CON of 09/223,172 12/30/1998 PAT 6,249,778

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ******** 07/25/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 22	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

34610
 FLESHNER & KIM, LLP
 P.O. BOX 221200
 CHANTILLY, VA
 20153

TITLE

Integrated electronic scale, and a system and method which uses the scale automatically to compute postal/carrier rates

FILING FEE RECEIVED 591	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____



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*** CONTINUING DATA *****

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** 07/25/2000

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MD	22	5	2
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

SERIAL NUMBER 09/584,099	FILING DATE 05/31/2000 RULE _	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. 04480002CA
APPLICANTS Nino Richard Vaghi, Bethesda, MD ; ** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 09/223,172 12/30/1998 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 07/25/2000				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>[Signature]</u> Initials	STATE OR COUNTRY MD	SHEETS DRAWING 22	TOTAL CLAIMS 5
INDEPENDENT CLAIMS 2				
ADDRESS Whitham Curtis & Whitham PLC Suite 900 11800 Sunrise Valley Drive Reston , VA 20191				
TITLE Integrated electronic scale, and a system and method which uses the scale automatically to compute postal/carrier rates				
FILING FEE RECEIVED 423	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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Bib Data Sheet

CONFIRMATION NO. 4453

SERIAL NUMBER 09/584,099	FILING DATE 05/31/2000 RULE	CLASS 705	GROUP ART UNIT 3629	ATTORNEY DOCKET NO. 04480002CA
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APPLICANTS

Nino Richard Vaghi, Bethesda, MD;

**** CONTINUING DATA *******

THIS APPLICATION IS A CON OF 09/223,172 12/30/1998 PAT 6,249,778

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ******** 07/25/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 22	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>DFC</i> Initials				

ADDRESS

Fleshner & Kim LLP
P O Box 221200
Chantilly, VA 20153-1200

TITLE

Integrated electronic scale, and a system and method which uses the scale automatically to compute postal/carrier rates

FILING FEE RECEIVED 423	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit